

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____		Owner/Operator Name Name _____ Phone () _____ Mail Address _____																																																	
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> FOR OFFICIAL USE ONLY </div> <div> ID # _____ Date Received _____ </div> </div>		Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____																																																	
Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 ____		<input type="checkbox"/> Check if information below is identical to the information submitted last year.																																																
Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																																													
CAS _____ Trade Secret _____ Chem. Name _____ <i>Check all that apply</i> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; height: 50px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																<table border="1" style="width:100%; height: 50px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																<table border="1" style="width:100%; height: 50px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																_____ _____ _____ _____ _____	<input type="checkbox"/>
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.						Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Name and official title of owner/operator OR owner/operator's authorized representative </div> <div style="width: 30%;"> Signature _____ </div> <div style="width: 30%;"> Date signed _____ </div> </div>																																																				